

PORTALES MUNICIPAL SCHOOLS COURSE APPROVAL

This is to certify that _____ has requested the Administration of the Portales Municipal Schools to approve the course listed below.

Course Number: _____

Title: _____

Number of semester hours: _____

Course Date(s): _____

Institution: _____

Justification: _____

Signature of Person Making Request

Date

Signature of Principal

Date

Action taken:

☐ Approved

☐ Disapproved

Assistant Superintendent's Signature

Date

- ! This form must be submitted for approval of the Assistant Superintendent prior to taking the course.
- ! When hours are completed and an official transcript from the certifying institution is received by the Personnel Office, changes will be made on your personnel records and in the business office. The cut off date for salary changes on hours is October 15.
- ! A copy of the transcript and a copy of the approved course approval should also be given to your building principal for professional development purposes.